

Please substitute Table 1, pages 22-23 with the attached replacement pages.

Please substitute Case 2, page 39, line 11 through page 40, line 2 with the following:

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Case 2

Anaphylaxis to Renal Dialysis

C1 An adult patient (age 16) had rejected three kidney transplants and was on dialysis. She had severe anaphylaxis to renal dialysis. Initial therapy involves administration of 4-5 capsules daily of L amino acids according to the invention, each capsule containing 390 to 500 mgm essential amino acids in L form and essential lipids. The therapeutic formulation comprises linoleic and linolenic fatty acid for a total amount of about 0.3 to 0.5 g per day, the antioxidant lipid EPA at about 0.3 to 0.5 gram per day, DHA at about 240 mgm per day, and extracellular matrix materials chondroitin sulfate, cartilage, and collagen in a total amount of about 1500 mgm per day. The patient is able to use reduced levels of antirejection medication (such as corticoids, macrolides, and cyclosporin) and thereby reduce the onerous side effects from these medications.

The therapy can also be administered before, during, and after renal transplant to aid in preventing organ rejection.

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Please substitute Case 7, page 41, line 9 through page 42, line 5 with the following:

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Case 7

Chronic Inflammatory Bowel Disease (Regional Ileitis)

C2 A 68 year-old female patient was diagnosed with Crohn's disease (also known as regional ileitis). The diagnosis was made by small bowel barium x-ray. Diagnosis had also been made by surgical removal of seven inches of terminal ileum twenty years ago. The patient received Neocate™ in the form of five capsules containing 390 milligrams each three times a day. This was preceded by a course of 155 milligrams of omega 3 eicosapentanoic acid lipid and 125 mgm DHA administered three times a week for two weeks. The patient had an excellent response with no symptom flare-ups, the absence of side effects attributable to the therapy, and the ability to avoid increasing the dosage of corticosteroids. The patient continued to receive

C2 triamcinolone acetate 4 milligrams daily before, during, and after the inventive therapy. In contrast, the patient had needed triamcinolone acetate dosage increases as frequently as every three to four weeks before the inventive therapy was administered. After treatment with the inventive therapy, the patient was able to reduce her average daily corticosteroid dosage by one half. Furthermore, flare-ups were reduced. Thus, the severity of corticosteroid side-effects, such as ecchymoses and bruising, were greatly minimized. The unpleasant taste of the therapeutic compositions was overcome by formulating as capsules. Before meals, 5 capsules of the therapeutic formulation were ingested to allow relief from the extreme discomfort resulting from ingesting dairy products and beef.

/ Please substitute Case 8, page 42, lines 6-12 with the following:

C3 Case 8

The patient of Case 7 had the commonly seen complications of long term corticosteroid use, such as recurrent and excessive bruising, particularly of the arms and hands, and difficulty of healing from the mildest trauma. Additional therapy of vitamin K (Mephyton 5 mgm) 4 tablets daily was prescribed. An ointment of Neocate (390 mgm), zinc oxide and vitamin E was prepared, and applied topically to bruises daily with a pressure dressing on any lacerations to accelerate healing.

/ Please substitute Case 10, page 42, line 17 through page 43, line 6 with the following:

C4 Case 10

Pericardial Effusion

A 70-year old male was diagnosed by cardiac ultrasound and chest x-ray with pericardial effusion (an autoimmune reaction). He was prescribed a three week regime of the antibiotic Biaxin (500 mg tablet twice daily for persistent bronchitis, Abbott Laboratories, Chicago, IL). He was also diagnosed with a false lupus autoimmune reaction to the antibiotic. The patient was removed from all other medications and received the following therapy: cartilage, 2,220 mg capsules daily divided equally to 740 mg taken three times daily; EPA, 360 mg capsules once

Cy daily; and omega 3 antiinflammatory fatty acids. In three weeks, his fever and fatigue lessened. His blood sedimentation rate improved dramatically from 75 mm per hour to a normal of 15. His antinuclear antibody (ANA) titer also greatly improved to 1 dilution titer above normal (1:320). His chest x-ray showed no pericardial effusion.

Please substitute Case 11, page 43, lines 7-15 with the following:

Case 11

Arthritis

C5 A female patient age 45 was diagnosed with traumatic arthritis of the left knee. No response was shown to non-steroidal anti-inflammatory medications. For a limp associated with the arthritis, she was prescribed 740 mg capsules three times daily of chondroitin sulfate collagen cartilage (shark source). After several months of therapy, she has greatly improved and almost free of symptoms. Her chronic bronchitis (which had not responded to a three to four week course of antibiotics) greatly improved in 1-2 days and cleared in one or two weeks when the cartilage dosage described in this case was tripled.